

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002521

STATE FILE NUMBER

AMENDED

Registration District No. (76)Primary Registration District No. 4 278Registrar's No. 6

FILED FEB 15 1962

1. PLACE OF DEATH

a. COUNTY Lawrenceb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Miller Lincoln

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ResidenceInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Lawrencec. CITY OR TOWN MillerInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
R.R. # 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

George Harry Dean

4. DATE OF DEATH

Month

Day

Year

2-5-1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-23-1878

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months 9 Days 13

IF UNDER 24 HR

Hours 13 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Retired Farmer

11. BIRTHPLACE (City and state or country)

Dallas Co. Texas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry R. Dean

13b. MOTHER'S MAIDEN NAME

Charlotte Hooper

14. NAME OF HUSBAND OR WIFE

Sarah E. Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Sarah E. Dean

Address

Miller Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute circulatory failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

decompensated heart disease

DUE TO (c)

arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 hour

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK

☐

NOT WHILE AT WORK

☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-8-61 to 2-5-62 and last saw him alive on 1-31-62Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hugh BakerMD.

22b. ADDRESS

Miller, Mo.

22c. DATE SIGNED

2-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-6-1962

23c. NAME OF CEMETERY OR CREMATOR

Arnett

23d. LOCATION (City, town, or county)

St. Shottuck Okla.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Morris - LimonMiller Mo.

25. DATE RECD. BY LOCAL REG.

2-4-62

26. REGISTRAR'S SIGNATURE

W. S. Brumby

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 3 1963

MAR 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.